ACTION MEDIA:
CONSULTATION, COLLABORATION, AND
EMPOWERMENT IN HEALTH PROMOTION

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Action media: consultation, collaboration and empowerment in health promotion

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Abstract
Communication for health promotion is a complex process that is further problematised by limitations within communication theory. Linear models of communication give primacy to the communicator and see communication as a largely objective process. These models, which are often referred to as "communicator-message-receiver" (CMR) models, incorporate the communicator as a primary agent in determining the nature of information and the mechanisms for information flow. Alternative perspectives are provided by semiotic theory place greatest emphasis on the receiver or reader of a communication message. These perspectives demonstrate the importance of understanding communication as a largely subjective process.

Action media is a methodology for the development of media products that integrates the interests of both the communicator and representatives of target audiences within a health promotion context. The methodology has its roots in participatory action research (PAR) approaches and incorporates qualitative contextual research with a media development process. The methodology is described in detail and includes a range of examples of activities and media products developed as part of condom social marketing activities in Soweto, South Africa.

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Communication for health promotion is a complex process that is further problematised by limitations within communication theory. Linear models of communication give primacy to the communicator and see communication as a largely objective process. These models, which are often referred to as “communicator-message-receiver” (CMR) models, incorporate the communicator as a primary agent in determining the nature of information and the mechanisms for information flow.

Application of these models within health promotion contexts typically incorporates expert led message development with contextual evaluation and pre-testing with representatives of intended target audiences.

Alternative theoretical perspectives are provided by semiotic theory which place greatest emphasis on the receiver or reader of a communication message. These perspectives demonstrate the importance of understanding communication as a largely subjective, ideological process. Semiotic theory however, tends to be applied more often as a means for analysis of communication messages, rather than an approach for media development.

Both theoretical strands are problematic as neither provide for sufficient collaboration between communicators and receiver/readers.

Action media is presented in this paper a methodology for the development of media products that integrates the interests of both the communicator and representatives of target audiences within a health promotion context. The methodology has its roots in participatory action research (PAR) approaches and incorporates qualitative contextual research with a media development process. The methodology is described in detail and includes a range of examples of activities and media products developed for the promotion of socially marketed condoms in the Soweto township near Johannesburg, South Africa.

It is not intended that the methodology be perceived as an exclusive and absolute means for the development of health promotion materials. Rather, it adds to the range of methodologies health promoters can apply in media development, whilst also providing important insights into context-based activities that are consultative, collaborative and empowering.
CMR and semiotic approaches

Theories that focus on communication as a linear process are not entirely unified, but are typically represented as "models" of communication. An example can be found in Shannon and Weaver's "mathematical theory of communication" which is depicted as follows: (Fiske, J (1982) Introduction to Communication Studies, Methuen, London, p7.)

Similar models are propounded by Gerbner, Lasswell, Westley and Maclean, and Newcomb. (Ibid, pp6-39) In general, the models see information flowing from a communicator to a receiver, with the potential for distortion (noise) between the two -- for example static on a telephone line, or the absence of a common language.

![Diagram showing the Shannon and Weaver's model of communication]

Figure 1. Shannon and Weaver's model of communication

These models tend to have a common-sense appeal in that they endorse the notion that communication is about how effectively a communicator transfers a message to a receiver -- i.e. the communicator is a key actor in the communication process. Thus, the CMR models are largely about the process of communication and provide for a mechanism analysis that seeks to scientise communication.

Semiotics, on the other hand, provides for a radical inversion of the CMR models, placing deeper import on communication contexts and placing emphasis on the receiver (or reader). Semiotics allows for acknowledgement of the reader's subjective interpretations of messages.

Semiotics is often referred to as the "study of signs" for semioticians have tended to focus on the process of construction of meaning -- thus, language is a sign system where words stand for tangible objects or ideational constructs. The word tree, for example, stands for a real world tree. Semiology provides for a similar approach, but focuses more closely on they systems and rules related to process of meaning, for example, the rules and systems inherent in language. Both semiotics and semiology provide for an ideological dimension to communication.

It is beyond the scope of this paper to provide detailed analysis of these communication theories. However, they provide and important backdrop, and the comparative table overleaf may be useful in understanding the differences.

Whilst the comparative table is not wholly comprehensive, it does provide some insights into the theoretical bases of communication. More importantly however, it underscores the problematic of two antithetical theoretical strands, with little common ground or theoretical bridge in between.


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**Communication methodologies**

The practice of communication is obviously closely tied to theoretical perspectives. However, neither of the theoretical strands allows for a sufficient base in practice, and practitioners need to incorporate elements of both approaches to allow for a balance between the interests of communicator and those of receivers (readers).

Health promotion provides a useful analytical context for communication practice -- a context which in turn allows for the development and refinement of replicable methodologies. Obviously “health promotion” is not without it’s ideological dimensions and political baggage, but in general its premise is that individuals are able to utilise information about their health and available health resources, to make beneficial health choices.

Health promotion is seen as an integral part of primary health care systems where information and resources are integrated into holistic health infrastructure and where particular emphasis is placed on making resources accessible and relevant. Primary health care objectives and services include: (Population Communication Services (1993) “Reaching Young People”, Packet Series 5, John Hopkins School of Public Health, Baltimore, p1.)

- analysis of community needs related to health – for example, prevalence of waterborne diseases, prevalence of unplanned pregnancies
health education and promotion – for example, HIV/AIDS awareness, lobbying against smoking

preventative services – for example immunisation, provision of condoms, ante-natal and post natal care

curative services – for example therapeutic treatment of illness, surgical management of trauma

rehabilitative services – for example physiotherapy and counselling

Typical methodologies for the development of health promotion communication are professionalised and tend to be based on CMR theories, with the addition of feedback and research elements to facilitate the refinement of communication messages. Activities would include assessment of audiences and needs, development of materials by health and communications specialists, pre-testing of materials by professional researchers, refinement of products and distribution. For example, analysis of research data may show low levels of child immunisation. The initial communication requirement would be raising awareness and promoting services. Health and communications professionals would work together to assess potential target audiences, develop key messages and concepts, pre-test these with representatives of the target audience, and then go on to develop finalised media products.

There are a number of shortcomings to this approach. Health and communications professionals tend to occupy somewhat different socioeconomic contexts to broader target audiences and material development is often skewed by their perceptions of how messages should be framed, what mediums and media products should be utilised and so on. The incorporation of message and product pre-testing helps to contextualise products. However, pre-testing is limited by an inherent assumption that communication is an objective process, and further, that products can be understood independently of contexts. Participants in pre-testing sessions are limited in terms of choices, and responses to words and images tend to be over-elaborated within analysis that is divorced from context. In a health context for example, a health worker might discuss a therapy with a patient, and supply a descriptive leaflet as a reminder of the key points and as a source of supplementary information. Testing such a leaflet outside of the intended use context can result in inappropriate commentary and may result in unnecessary changes to the draft product.

Products that emerge are within such approaches are typically unidirectional in terms of their messages, and tend towards issuing of imperatives. Linney describes such materials as “one way” and lists typical components as: (Linney, B. (1995) Pictures, People and Power, Macmillan, London, p 16)

Issue orders and instructions
- Are ‘aimed’ at target audiences
- Do not involve local people
- Are produced outside local communities
- Involve pre-testing
- Show solutions to problems
- Do not promote critical awareness

Whilst there is some narrowness in such communication, this is not to say that communication utilising this approach is not without value. Campaigns utilising such methodologies do achieve tangible results and in many ways are similar to models used in commercial advertising -- they raise awareness and link people to resources. Clearly however, there are considerable limitations in terms of audience/community involvement and opportunities for organic needs assessment and message development are lost. It is also important to recognise that health and communications professionals typically occupy cultural and ideological contexts that are considerably different from the contexts of intended audiences.

In recent years there has been a trend towards the development of media utilising alternative approaches that seek to incorporate deeper audience participation. These approaches have tended to have their roots in Freirean theories around visual literacy and critical thinking.

**Action media**

The Action Media methodology has grown out of my own diverse work in contextual communication in South Africa and has largely focussed on the development of materials for sexual and reproductive health. In this country, the rapid growth in HIV infection has provided added impetus to health promotion around sexual and reproductive health, and has allowed for broader focus on sexually transmitted diseases, unplanned pregnancy and abortion, and growing emphases on related areas such as child abuse, rape and sexual harassment.

The Action Media approach involves a process that allows for integration of perspectives of representatives of target audiences – a process that allows for deep reflection around issues that affect their lives – and a process that allows for the incorporation of linguistic and cultural perspectives relevant to the target audience. This allows message development to become an organic process. It also allows the health/communications professional to immerse themselves in the context of the target audience. The methodology is such that it engenders action amongst the participants and this impetus can be harnessed in subsequent activities at the individual, group, or local community level.
Action Media has been developed and tested in a range of health promotion contexts related to reproductive and sexual health with groups of adolescents and young adults and has been a key component in activities related to the social marketing of Lovers Plus condoms under the auspices of a national non-governmental organisation – the Society for Family Health. Social marketing refers to a process of health promotion that uses techniques borrowed from commercial marketing and commercial infrastructures to realise health benefits. In the case of condom social marketing, lower to middle income groups are targeted through sale of condoms at subsidised prices, and reach is maximised through sale in diverse outlets such as spaza shops (informal shops in townships), shebeens (informal bars in townships), bars, taverns, filling stations, hair salons, commuter sites as well as supermarkets, chain stores and pharmacies. An allowance is made for mark-ups at wholesaler and retailer level to ensure sustained distribution within the commercial infrastructure.

The Action Media methodology has its roots in a range of social theories (and practices) that fall within the ambit of the Cultural and Media Studies paradigm. These include understandings of communications processes, semiotics, culture, ideology and social change and participatory research.

Action media provides a framework for dealing with the divergent emphases of communication theory and brings together imperatives of the communicator, on the one hand, and readers on the other. At the same time the methodology allows for a number of tangential benefits in terms of critical awareness and action.

In overview, Action Media as it pertains to health promotion, has the following elements:

- **Identification of significant health challenges** – for example, the prevention of HIV/AIDS, sexually transmitted diseases and unplanned pregnancy amongst adolescents and young adults
  
- **Identification of sufficiently homogenous groups within defined geographic areas** -- for example, college students, youth formations in townships.
  
- **Collaboration with individuals within each context to co-facilitate workshops** -- for example, youth leaders, teachers, administrators and health workers
  
- **Recruitment of 15-20 participants on a voluntary basis for participation in a series of four 3-hour workshops.** These incorporate educative focus group sessions that engender high levels of participation and reflection. Other elements include activities such as games, role-plays, songs, distribution and demonstration of condoms and media development. There is also an opportunity for evaluation.

The media products that emerge typically reveal deep insights into perspectives of the target group, are immediately relevant to the participant’s peer communities, and may be relevant nationally as health promotion products. At the outset it is intended that the products be integrated into existing infrastructures, and can be utilised as a cornerstone
for other community-based activities.

In the case of reproductive health, participants in the process became strongly committed to safer sexual behaviour and promotion of peer awareness. In the case of one group of participants who were tracked longitudinally, there is evidence of committed behaviour change.

The methodology differs considerably from producer-centric approaches in that it sees contexts of media utility as dynamic, and furthermore, sets out to generate media products that are supportive of action, rather than simply as vehicles for information.

The methodology is perhaps best understood by example, and the following section describes a process undertaken to make a series of posters and media advertisements with a group of young adults in Soweto.

**Action Media in practice**

During 1995 the society for family health was approached by a Soweto-based youth training organisation -- the Youth Leadership Development Programme -- to assist in training of students in media development skills. Both organisations had a mutual interest in HIV/AIDS education for young adults, and given previous SFH development of materials through participatory methodologies, it was proposed that a similar approach be taken with the students.

A timetable was drawn up to incorporate a series of four sequential three-hour workshops which took place weekly over a period of four weeks. A group of eighteen participants including males and females was identified.

Prior to implementation of the workshops a number of planning meetings took place which resulted in agreements related to provision of a venue, identification of the SFH research team, gathering supplementary resources, and proactive planning of workshop activities.

**Venue**

As with any qualitative research endeavour, it is useful to locate a venue that meets fairly specific criteria. The venue should be:

- Well lit and quiet
- Have sufficient space for all participants to be seated in a large horseshoe. Seating should be movable and the room size should allow for groups of five to six participants to discuss issues without disturbing other groups;
- Have space for placement of refreshments;
Have sufficient wall space for displaying examples of media products – typically posters related to the theme of the workshop.

These requirements can be adjusted depending on available resources.

Materials
Materials required include:

- A flip chart and pens for writing up discussion topics and summarising emerging points of discussion;
- Copies of a range of previous media products and mounting materials – in this case HIV/AIDS posters and information leaflets for review and to help contextualise the task at hand;
- A tape-recorder to record group feedback and role plays;
- Paper stickers to serve as name tags;
- Notebooks and pens for participants and researcher / facilitators
- A bowl of condoms. These are introduced during discussions around safer sex, and distributed to participants during each workshop session.
- Refreshments

The research team
Ideally, members of the research team should have:

- Experience in media production;
- Experience in qualitative research and focus group work;
- An open and engaging manner and an ability to develop trust between participants and researchers;
- Good knowledge of the workshop theme – in this case HIV/AIDS and related reproductive health issues;
- One or more languages in common with the participants;

Further resources
Facilitating media production requires access to a range of external resources depending on the media products to be produced. In the case of this research it included an artist to render artwork, access to a desk-top publishing studio, access to a bureau to play out positives for posters, and access to a recording studio and voice-artists to record radio commercials.
Running the sessions
The following describes activities undertaken during the series of four workshops. Workshop sessions took place weekly over four weeks.

Day one -- Session one
A classroom had been made available during prior planning. Posters relating to AIDS were mounted on the walls and the chairs were moved to allow for a horseshoe seating arrangement. Sandwiches and cool drinks were set to one side.

Questions had been written up on the flipchart beforehand and this was placed in the front of the room along with the condoms, notebooks and pens.

The participants ranged in age from 18 to 28 and included one male and 17 female participants.

The objectives of the workshops were put forward and introductions were made by all facilitators and participants. English was used during this general discussion. A game was played to create an informal atmosphere at the outset.

Following the game, focus group methods were described -- participants were to work in groups of six discussing predetermined topics. Notes were to be taken for report back and any language could be used during the discussions. In the case of this particular group, there were two female groups and one mixed group. It is generally preferable to identify groups that are made up of equal numbers of male and female participants. This allows for two single sex groups (i.e. one male, one female) and one mixed group.

During focus group sessions, the groups are made up of participants only and researcher/facilitators leave the room. This allows participants to relax, breaks down formality and allows for key issues to be prioritised.

The objective of session one was to assess existing knowledge of AIDS, Sexually Transmitted Diseases and pregnancy. Questions had been written up on the flipchart sheets beforehand and included:

☐ What problems do you have in understanding pregnancy?

☐ What do you not understand about Sexually Transmitted Diseases?

☐ What do you not understand about HIV/AIDS?

☐ How do you feel about your own risk to pregnancy, STDs and AIDS

There are a number of important aspects to the way these discussions take place.

☐ Experience has shown that groups of five to six members are preferable, as this tends to allow for better interaction amongst members, and sufficient diversity in
discussion. Larger groups tend to allow some participants to remain silent, whilst smaller groups reduce the potential for sufficient debate.

☐ One member of each group is required to lead discussions, whilst another is responsible for taking notes.

☐ Discussions are not tape-recorded as it is felt that this inhibits discussion, particularly early on in the workshop series, where trust between researchers and participants and between researchers themselves has not been developed.

☐ Groups are encouraged to utilise any language they choose. This has proven particularly useful in that participants can express themselves freely. In Soweto, for example, a number of languages are spoken, including local slang ("tsotsi-taal"). and group members were free to move between languages.

☐ Groups are encouraged to sit in a circle. It is interesting to observe body language during these discussions. Group composition is maintained throughout the series of workshops to allow for building up of trust and teamwork. Group members tend to become more open, intimate and trusting as the focus sessions progress.

☐ It is interesting to note that mixed sex groups do not impede debate around sensitive issues such as sex and sexuality. Instead the interaction allows for both male and female perspectives to be reviewed and debated.

☐ It is useful to have the researchers leave the room to ensure that discussions are not inhibited in any way. It also inhibits the problem of participants asking researchers direct questions related to the topics provided. Researchers do enter the room periodically for brief observation, to check if there are any process issues that need to be resolved, and to ensure that sufficient time is allowed for discussion.

☐ The questions are designed to very quickly expose myths and areas of misunderstanding. Asking what participants do not understand very quickly derives a core understanding of areas where knowledge is weak, and allows for teasing out of myths. This is somewhat different from quantitative approaches such as Knowledge, Attitude and Practice (KAP) protocols that seek to find out what respondents know.

☐ Small group discussion typically takes 20 to 30 minutes and is followed by a further 30-40 minutes discussion with the group as a whole.

Participants readily adapted to the focus group format and engaged in intense discussion. At the end of the discussions, the groups were reconvened and reseated in a horseshoe shape. Note-takers in each group reported back on their questions and conclusions.
The process very quickly teases out myths, and analysis of these becomes a useful vehicle for stimulating critical thinking. Questions raised by participants included:

- *When is it a baby?*
- *Why do you have periods even when you are pregnant?*
- *We are scared of pregnancy because of the burden of bringing up a bastard*
- *Where do STDs come from?*
- *What is the main carrier of STDs between male and female?*
- *What is the difference between HIV and AIDS?*

Where questions were asked, the group as a whole were encouraged to contribute comments and answers. Only when the group were unable to find resolution, were more detailed comments and answers provided by researchers. This indirect approach allows for the participants to become aware that in many instances they have sufficient resources within their own peer group to think through issues and work through problems. This collaborative approach contributes to empowerment of participants over the series of workshops. Incidentally, this approach is also hardest to entrench amongst researcher/facilitators, who are more accustomed to providing answers straight away.

Following the larger group discussion there was a short break for refreshments. This allowed for further informal one-to-one discussions to take place, and contributed to an increasingly relaxed and “trusting” atmosphere over the series of sessions.

*Day One -- Session two*

The next set of questions were introduced and displayed on the flip chart.

- How can pregnancy be prevented?
- How can STDs and AIDS be prevented?
- How can STDs be treated?
- What is the relationship between AIDS and STDs?
- What can you do about prevention within your relationship and the relationships of your peers?

These questions are effective in eliciting insights into contexts of the participants and provide useful qualitative data that can be incorporated into existing health infrastructure and planning.

The same focus group format was followed and the same participants were retained in each group to encourage trust. This format was retained throughout the series of
workshops. Responses to the questions included:

- We feel ashamed and scared to go to the clinic. The nurses make us feel dirty. The nurses need to be taught. When you are at the clinic everyone looks at you. The government should send the youth to educate nurses.

- There needs to be more compassion from older people. More privacy and confidentiality.

- Youth are also discouraged from getting contraception from nurses because they say we are too young and shout at us. The youth end up not going for contraceptives.

- Nurses should be chosen based on their attitudes and levels of tolerance.

- Youth should be given a chance to educate medical practitioners.

- Traditional healers can be used to treat STDs.

- Prevention can be through creating awareness, openness, talking to a partner or friend. Through abstinence, using a condom, contraception, masturbation, safer sex, burning a menstrual pad, traditional healers.

- Messages should not be so scary.

- We have difficulty in talking about condoms.

As can be seen, the responses were fairly detailed and are typical of responses emerging from qualitative research approaches. The adoption of a problem solving approach during larger group discussion stimulated critical thinking and incorporated analysis of possibilities at community level. During discussion, roleplays and games were used. These included a condom negotiation role play and a demonstration showing how to use a condom.

The role play incorporated localised slang (tsotsitaal) and elicited a great deal of amusement. The initial intention of the role plays was to stimulate debate and to provide for a more relaxed atmosphere. Given that they are used as a device, they are not usually recorded. In retrospect however, it has been found that roleplays incorporate extremely interesting data and perspectives and recording, transcription and analysis of these is often extremely useful.

Singing and dancing also formed part of the sessions and condoms were also handed out.

Day Two -- Session one

The objective of the second workshop was to begin working towards the development of media products. We had also undertaken to develop a t-shirt for the participants that would include a slogan developed by the group as a whole.
Posters were once again displayed on the walls. After an introductory song, objective setting and discussion, participants were divided up into groups and asked to review the posters on the walls in terms of like and dislike.

During the discussion that followed participants put forward a range of preferences and dislikes. It was clear that the nature of the message took precedence over aesthetic issues — for example, a bland, text-based poster with a message in Xhosa was liked by two of the groups. Aside from the Xhosa poster, there was no common trend in preference for materials in terms of aesthetics or even message. Given the similar contexts of participants, it was expected that trends would emerge. Instead this phenomenon reiterates the notions embedded in semiotics that allow for various interpretations by readers, as opposed to the uniformity desired by CMR approaches.

**Day Two -- Session two**

The idea of producing a t-shirt for the group was put forward and examples of potential slogans were provided by the researchers. The distribution of the t-shirts is intended for the final workshop session and is important as a mechanism that allows participants to “signify” their participation in the workshops. The shirts can also be used in various contexts to initiate peer discussion.

Following discussion the groups put forward a range of slogans including:

- **Uke wayizwa ngecondom, iyadlisa iyavaya eyethu**
  Have you tried it with a condom — it’s good, it’s nice, its ours

- **Condom or never**

- **Icondom iyadlisa, ngecondom uya phila**
  Condoms are good — condoms are life

- **Ayeye icondom ayeye**
  Yeah, condoms, yeah

During discussions around AIDS, STDs and pregnancy it was clear that condoms provided a solution to multiple challenges, and participants were increasingly positive towards condoms. Their slogans indicated a need to endorse this shift. After broad discussion a vote was taken and the slogan “**Uke wayizwa ngecondom, iyadlisa iyavaya eyethu**” was chosen. Two roleplays were carried out by participants — one focussing on condom negotiation and the other on the experience of seeking STD treatment at a clinic.

Promoting participant endorsement condoms was a particular objective of the research interaction. Emphasis on the development of critical perspectives allowed participants to explore their own practices, and many indicated that they had shifted their attitudes towards condoms and their sexual practices (albeit on the short term). This is somewhat
different from research processes that are simply about understanding perspectives of particular groups, and that are not educative within themselves.

*Day Two -- Session three*
Session three focussed on the development of messages for posters. Groups were each given separate topics – AIDS, STDs and Pregnancy. Message development activities were preceded by a general discussion about media, information development and communication.

Following discussion, each group put forward workable ideas which were discussed and refined during feedback. The ideas included:

- *A dialogue between a young man and woman in English around STDs*
- *A dialogue between a group of friends at a club around pregnancy and condoms.*
- *A young man talking about his reservations around AIDS to two women at a party*

This process is often complex and it is during this session that researchers have to incorporate their own media perspectives and experience in refining the ideas that emerge into workable products. Quite often, group proposals are fairly naive from a media point of view, and interactive debate is encouraged between researchers and each group of participants. It is also not uncommon for ideas to incorporate contextual "realities" such as sexism or racism. Concepts for products thus emerge as a mixture of ideas and discussion between researchers and participants, as well as interpretations by the artists and designers who act on the brief.

*Day Two -- Session four*
In the week prior to this meeting the potential for radio advertising on Soweto community radio had been investigated and it was decided to pursue the development of radio scripts during this session. Following this discussion the potential of producing radio commercials was put forward and the groups once again tackled the projects according to the themes they had used for the posters – AIDS, STDs and pregnancy. An example was made of a recent advertisement for Greyhound busses which utilised "Tsotsi-taal".

The ads, in very basic format were presented to the group as a whole. These were to be reworked in the following week.

The workshop was concluded with singing, dancing and condom distribution.
During the period immediately following this session an artist was briefed and draft sketches were incorporated into poster designs for presentation.

**Day Three -- Session one**

Draft posters were displayed at the beginning of the workshop and groups were asked to provide comments. Proposals for text and graphic changes were made and incorporated into a further brief for the artist and designer.

We then moved on to the radio spots. Facilitators worked closely with the groups to refine the dialogues. Four commercials were produced:

- A dialogue between two young men at a party (Zakes and KK)
- A corresponding dialogue between two young women (Zodwa and Thoko)
- A dialogue between two young women around AIDS (Agnes and Menge)
- A dialogue between a young man and young woman around STDs

The first two spots made extensive use of the slang “tsotsi taal” commonly used in Soweto. The third spot was in Sotho and the fourth in Zulu. All incorporated promotion of Lovers Plus condoms.

In spite of being developed by an all-female group, the first commercial -- a dialogue between two young men at a party -- was somewhat scathing of women. For example, one girl is referred to as “fast food”-- i.e. a one night stand.

Perspectives on gender and sexism were elaborated by the researcher and discussed with the group. Participants felt however, that they had portrayed the “truth” and that it should not be changed. In further discussion it was decided to have the two women referred to in the first commercial be featured in a second commercial talking disparagingly about the men. One idea was to refer to one of the men as a “second choice” although his idea was later dropped in favour of a different angle to the dialogue. It was felt that by providing two companion commercials, a critical perspective could be achieved amongst listeners.

A fair amount of discussion also had to focus on technical aspects -- for example the duration of the commercials, ease of reading, development of the characters through voices and phrases and so on. A very real benefit was to be able to transfer the language and linguistic style of the community into a “commercial”. It was also interesting that each group independently chose to use dialogue as opposed to, single voices, slogans and imperatives that are more typical of commercial advertising.
The commercials were subsequently recorded professionally and were used extensively as part local condom promotion campaigns on community radio stations in Soweto and Alexandra townships. These community stations emerged in the mid-1990s following shifts in broadcast legislation and are usually staffed by community members.

The scripts of the two companion commercials are provided as examples:

**Fast food**

**Effects**  
Party sounds, music

**Zakes**  
*Hello, KK, braza*  
(Hello, KK, my brother)

**KK**  
*Heita Zakes, Sharp, Kunjani?*  
(Hi Zakes, I'm cool. How are you?)

**Zakes**  
*Moja mfethu. Uyaban' ukuthi ngiphetheni, i fast food.*  
(Cool my brother. Have you seen what I've go here – I have a "fast food" ["one-night stand"])  

**KK**  
*Sho mfethu mina ngiphethi' i eat here, imaid, uregte.*  
(Great my brother. Me, I've got an "eat here" ["steady girlfriend"] – my girl – she's right for me.)

**Zakes**  
*Usipethi' i stuff mfethu*  
(Hey, so have you got the stuff with you my brother.)

**KK**  
*Sure, Ama CD ngihamba nawo, ngihlala ngi armile. Plus ngipethe ablind akwa Lovers Plus condoms.*  
(Sure, I've got the "CDs" ["compact disks" which is a slang term for condoms] with me. And I've got really cool Lovers Plus condoms.)

**Zakes**  
*Ha KK angeke nyigidle i fast food ngaphandle, kwaama ama condom.*  
(Hey KK, I definitely won't have "fast food" without a condom.)

**KK**  
*Nam mfethu angikafuni ingcosi, heyi Zakes ngiyayispecta le eat here yami.*  
(Me too brother. I don't want a kid – and I respect my "eat here").

**GTI**

**Effects**  
Party sounds, music

**Zodwa**  
*Hello Thoko.*

**Thoko**  
*Heyi mngani ubekwayini la?*  
(Hi there. What brings you here?)

**Zodwa**  
*Ha mngani kungaba ubani ngaphandle kwa KK uregte wami.*  
(Hey, who else can it be but my steady – KK.)

**Thoko**  
*Ha mina ngipethe into eblind egibela i-GTI uZakes.*  
(Ha, I'm here with a really cool guy who drives a GTI called Zakes)

**Zodwa**  
*I hope kuleyo GTI ugebela nama-condom*  
(I hope this guy with a GTI uses condoms)

**Thoko**  
*Ha mngani uyazi angiwashiyi akwa Lovers Plus.*  
(Hey -- you know that I can't leave Lovers Plus condoms.)
Zodwa

Sho nami ngiyawasebenzisa a-super safe and sensitive. (Sure. I always use them. They are super safe and super sensitive.)

Thoko

Ha lavo awkela konke asiwakela nakubomakhe wane mengani kulamalanga we have to take charge of our lives. Sizi protecta against i-pregnancy, ne STDs, ne AIDS. (Hey, those ones protect you. They protect you and these days my friend, we have to take charge of our lives. We need to protect ourselves against pregnancy, STDs and AIDS.)

What is immediately apparent is the uniqueness of the two commercials. It is difficult to imagine these dialogues emerging out of conventional approaches and processes -- particularly the richness in terms of how slang is utilised. Furthermore, the dialogues are somewhat crass in terms of their inherent sexism, whilst at the same time very efficient at promoting and branding the condoms. The dialogues expose contexts and perspectives that are real to the group participant's, whilst at the same time providing insight into values and value systems.

Day Four -- Session one

This time was devoted to reviewing final examples of the posters and radio commercials. The text and imagery for the posters offered similar insights to those of the radio commercials. The text and images that emerged were as follows:

STDs

The picture depicts two lovers encircled by a heart. The text reads (in English):

Boy: Honey, how can we protect ourselves from sexually transmitted diseases?

Girl: My love, I've heard about Lovers Plus condoms.

Text below incorporates graphics of the condoms and reads: "Super safe, super sensitive Lovers Plus condoms."

Shebeen scene

The picture depicts two couples sitting around a table drinking. Graphics of the Lovers Plus packaging, and condoms are included. The dialogue moves from one character to the next:

Girl one: Heh majents nabe nguthana akusiyiskathi sokuyenza iingcoli. (Hey friends, now is not the time to be making babies.)

Boy one: Asiphatheni ixoibe. (Let's listen to the music.)

Girl two: Ngama condoms akwa Lovers Plus. (The name of the condom is Lovers Plus)

Boy two: Yeh mfana azokushaya ding-dong ama Lovers Plus. (Yes my friend, Lovers Plus condoms drive me crazy).
AIDS

The picture depicts a young man talking to two girls at a party. The text below states: “Super safe, super sensitive Lovers Plus condoms... or never”. The dialogue reads:

Boy:  
Bo baby senizwile nge AIDS? So its better ngihlukane noyi one ngoba ngisaba iAIDS. (Hey baby - I’ve heard about AIDS so maybe it’s better that I choose one of you so that there is no problem with AIDS.)

Girl one:  
O kile wabona mfowethu thina sikuthanda sayi two. So it will be better uma sizo user ama Lovers Plus condom ngoba a safe. (We think you’re a cool guy and you can love both of us, but it will be better if you use Lovers Plus condoms because they are safe.

Once again, it is difficult to imagine conventional processes for deriving these concepts. Moreover, whilst the sexism in the latter poster is problematic, it is representative of the context where multi-partner relationships are common.

The posters were subsequently utilised within Soweto-based condom social marketing activities and appear in informal shops, shebeens and other sales venues.

Day Four -- Session two

T-shirts with the slogan developed by the groups were handed out. The potential for individual peer education activities was discussed, and a commitment was made to provide participants examples of the posters when printing was completed. The final task of the participants was to evaluate the process they had been through. This was done anonymously in written form. Responses included:

Participant:  
I enjoyed each workshop... each time I sing a song I make sure that Lovers Plus condoms fits into it. The interaction and communication was very good and we will miss you. I know you will miss our group. Feel free to come again. Now I talk about condoms. Thanks for the food.

Participant:  
The workshop has broadened my knowledge about STDs, AIDS and pregnancy. I think I can be able to teach and guide some of the teenagers who have no knowledge of these things. I think I can pass this knowledge to the boys of the same age group, encouraging them to use condoms and to be faithful to their partners.

Participant:  
It upgrade us and to know how are we going to challenge life and to be independent when it comes to a situation like this one.

Participant:  
What I enjoyed most was when we were given a chance to create our own posters and ads. And also to use our own language and style.

Participant:  
It gave us a chance to express ourselves and we brainstormed about things that take place in our daily lives.
Participant: The work with people as a group helping each other - for the first time it was not easy but when we got going it was easy because we trust each other and understand each other.

Participant: I have seen that friendship or knowing other persons originates easily and it is not hard to communicate. Working in groups makes a person participate so that discussion moves fast and your mind works at a fast concentration.

The workshop ended with distribution of condoms and singing. A further meeting was set up with a peer education trainer to review peer education issues. Contact details of participants were obtained with a view to subsequent interaction.

Discussion
The Action Media methodology may, at first sight seem fairly complex. There is no doubt that it requires specialised skills and resources. However, it is in many ways far more simple, time efficient and cost efficient than conventional approaches, and it offers potential to produce immediately relevant and viable media products. When compared to conventional expert-driven process it has some distinct differences and benefits. These include:

- Participants learn how to think critically and are considerably enriched in terms of critical awareness about serious health issues that affect their lives. This approach is grounded in perspectives drawn from Participatory Action Research (PAR) and Freire’s notions of dialogue and critical thinking.

Shoepf et al describe a process followed with commercial sex workers in Zaire as follows:

“Grounded in principles of group dynamics, experiential training begins with the principle that people already know a great deal about their situation. Group leaders assist people to develop a ‘critical consciousness’ leading to co-operative social action and self-reliance”. (Shoepf, B.G. et al (1988) “Action Research on AIDS with Women in Central Africa” unpublished photocopy)

and as Friere describes it:

“...the process in which people, not as recipients, but as knowing subjects, achieve a deepening awareness both of the socio-historical reality that shapes their lives and of their capacity to transform that reality.” (Carr, W. and Kemmis, S. (1986) Becoming Critical: Education and Knowledge in Action Research)

- Researcher / facilitators are able to extract qualitative data relevant to broader research and planning activities. Many qualitative researchers rely on short duration, single interactions with respondents in tightly controlled situations. The deeper, longer series of focus groups that are part of Action Media elicit a considerable body
of information that is relevant both for contextual activities and to understandings of particular sectors within communities.

- A core group of highly aware individuals is created to the benefit of their immediate peer group and community. Clearly the workshops generate considerable impetus and the energy of participants can be channelled into subsequent activities that contribute to peer awareness and can be integrated into transformative activities. This is not always easy to achieve, given that most activities require infrastructure and commitment by parties beyond the media development context. Integration of existing resources into the process is beneficial at the outset — for example, social marketing programmes, peer education programmes and the like.

- The products that emerge are deeply contextualised in terms of imagery, language, and potential utility. Pre-testing is not required as the methodology incorporates extensive analysis of imagery and messaging into the media development process.

- The products tend to be discursive, to raise questions and to stimulate debate. This is considerably different to the issuing of imperatives or instructions that are more typical of conventionally developed media.

- The products are directly applicable in the context of the group or community within which they emerge and can be directly applied within a health promotion context — particularly when they can be linked to tangible products, resources and services (e.g., condom social marketing). Interestingly, many of the products developed using this methodology have been used beyond the immediate contexts within which they were developed. Examples include incorporation of the national flag into the shape of a condom under the banner “Viva Condoms” and the development of “Lovers Straight Talk”, a comprehensive question and answer booklet on sexuality for adolescents — both of which have been used as part of national activities.

- Products that emerge through Action Media do not always fit into conventions of political correctness. Some of the products developed during the Soweto workshops reveal a lived environment of sexist practice, whilst the separately developed “Viva Condoms” image was viewed by some as an appalling degradation of the new national flag. Within the development of such products it is not the task of researcher / facilitators to “censor” products, but rather to open debate around contentious issues and seek resolution within the group that can be applied to the media products. It is important too, to move beyond the scientised CMR perceptions that see products as having singular meanings, or as functioning as direct communication. The power of media products lies not in the direct intention of their messaging, but rather within the contexts within which they are viewed and used. If a media product generates discussion and debate, its relevance within a societal context is multiplied several fold, and is far better than products that seek simply the transfer of specific concepts from communicator to receiver.
Content and context

The Action Media methodology is positioned largely within the framework of semiotic analyses of communication and can be seen as a process of applied semiotics that allows for signs, messages, readers and contexts to interrelate. The media products that emerge have considerable value when analysed within cultural and ideological frameworks that incorporate notions of a “struggle for meaning”. Much of the developmental work around the methodology has focussed on adolescents and has provided an important voice to young people in contexts where they are typically disempowered. The methodology is the antithesis of top down approaches, allowing instead for collaborative effort and empowerment in the creation of media products.

The ideological contexts of the participants cannot be ignored either, and products emerging through the Action Media methodology are often revealing of this context. As Tomaselli puts it: “If ideology accounts for the ‘lived’ relations between people and their world, then we must accept that meaning is saturated with the ideological imperatives of society”. (Tomaselli, K. (1995) “Appropriating Images”: The semiotics of visual anthropology, authors draft)

Action Media also describes an interesting tension between the two strands of communication theory. On the one hand Action Media describes a process of efficiently producing extremely “accurate” media products by overcoming limitations inherent in the application of CMR approaches that utilise professionalised conceptualisation and pre-testing. When analysed within a semiotic perspectives however, it becomes clear that media products must be viewed dynamically and that the subjectivity of readers must be clearly understood. Media products function within contexts, and are read from diverse subjective perspectives. We cannot assume an objectivity within media products that makes meaning and interpretation absolute. As Tomaselli observes: “Readers appropriate the meanings which best fit their imaginary solutions as interpreted by their individual, cultural and class experiences. These interpretants coincide most closely with their individual subjectivities.” (Ibid)

At best, media products provide a stimulus for a range of possible interpretations on the one hand, and a range of contextual applications on the other. In the case of “mass” media products, it is impossible to assume uniform interpretations. Even at the level of the individual, subjective responses can be framed by contextual factors, and meaning and interpretation may shift over time. If we imagine a teenager in Soweto listening to the two “Action Media” radio commercials on community radio, his/her interpretation may be influenced by a number of factors including, for example: What opinions are held about community radio? How often is the commercial heard? What programme content frames the commercial? If in the company of friends, does the commercial elicit discussion? If in the company of a parent, does the commercial elicit discussion? Are conflicting subjectivities resolved? Is the desired adoption of condoms achieved or is existing condom use endorsed?
Meaning and interpretation need to be seen as dynamic processes, even at the level of an individual. Assumptions underpinning processes of media development need to incorporate subjectivity, dynamism and diversity amongst intended audiences, no matter how homogenous they are assumed to be. Media products should also not be seen as “stand-alone” interventions – an assumption that is embedded in CMR perspectives. Instead, media products need to be continually applied and contextualised within the resources and services available within communities. Condom promotion for example, needs to be closely tied to availability of condoms within a community. Synergy amongst media products should also be sought out — for example, between radio commercials, posters, point of sale materials.

Within the complex contexts of media development, the Action Media methodology provides insight into the potential for integration and empowerment of individuals and groups within target communities. It demonstrates a replicable process that provides for the development of deeply contextualised media products on the one hand, and qualitative understandings of community contexts on the other.

Finally, it is important that the Action Media methodology is perceived as malleable within the principles that frame it. Researchers, facilitators, resources and contexts frame the application of the methodology and colour the products that emerge. If communication and meaning are framed as dynamic and subjective, then processes that seek to generate meaning should be seen dynamically too.

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